

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/534324* *Dr Booker*
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5		4				
6		4				
7		2				
8		2				
9		2				
10		4				
11		4				
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14		4				
15		4				
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22	/					
23	/					
24		1				
25		1				
26		1				
27		1				
28	/					
29		1				
30		1				
31		1				
32	/					
33	/					
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49						
50						
TOTAL IND.	12					
TOTAL DEP.	75					
TOTAL CLAIMS	87					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						